



CITY OF SHELBYVILLE FIRE DEPARTMENT

40 W. Broadway St., Shelbyville, IN 46176

Telephone: (317) 392-5119

Fax: (317) 392-5121

EPA Region 5 Records Ctr.



347966

**Meridian Automotive
501 Northridge Dr.
Shelbyville, In. 46176**



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November 20, 2009

Meridian Automotive
501 Northridge Dr.
Shelbyville, In. 46176

To Whom It May Concern:

On November 19, 2009 Deputy Chief Logan, Inspector Robbie Stonebraker of the Shelbyville Fire Department and Bill Myers from the Indiana Department of Environment Management met at the site of Meridian (appx. 1500 hours) and did a walk through of the outside as well as inside of this unsecured building. Mr. Myers took photographs and stated that he would advise his dept. and additional action could occur in the upcoming days. After November 20, 2009, these items below are follow-up information that has been provided to Shelbyville Fire Department.

On November 20, 2009 Mr. Meyer of IDEM has notified Deputy Chief Tony Logan that he has notified his supervisor and EPA of the issues found.

Deputy Chief Logan today's date has also notified Fire Chief Todd Anderson, Tom Debaun City Planning Director and Mayor Scott Furgeson of the situation at Meridian Automotive.

Inspector Robbie Stonebraker contacted Indiana American Water to confirm that water has been turned off to the entire property, also has contacted Duke Energy to see if they have any intentions of turning electrical power off in the near future. I have also contacted Vectren Gas to confirm that gas has been turned off.

The Shelbyville Fire Department has concerns with the sprinkler system having water in the piping system, when freezing weather arrives we could have further contamination issues. With this problem, water getting into the drains and contaminating our storm sewers. With only two small areas of the building having any diking we could also have contamination on the outside of the building from runoff from the amount of water in this rather large building. With this being said, we feel that if the sprinkler system is not purged we could potentially have a larger cleanup potential, affecting the environment and having a larger impact on the local economy. If the sprinkler system is drained, we as a fire department will then have a dry sprinkler system so in the event of a fire we could better utilize the system in that capacity. Inspector Stonebraker has contacted Koorsen Fire Protection to look at sprinkler system and get a cost estimate to drain system. Koorsen Fire Protection arrived today's date and did a preliminary walk through and will return next week to get more information for pricing to protect system in the building.



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November 20, 2009 EPA Mark Durno contacted Deputy Chief Logan reference Meridian Automotive Building.

They have assigned Verneta Simon to be the primary (On scene Coordinator) and Shelly Lam from the Indianapolis location. (See attached info contact sheet)

On November 20, 2009 Inspector Stonebraker received information from Duke Energy that their company will be in contact with our office on Monday concerning the electricity in this building.

Inspector Stonebraker also spoke to Vectren (at the local level) and has been instructed to contact the 1-800-227-1376 number for confirmation that gas has in fact been turned off.

A handwritten signature in cursive script, appearing to read "Robbie Stonebraker".

Robbie Stonebraker
Fire Inspector
Shelbyville Fire Department

A handwritten signature in cursive script, appearing to read "Tony Logan".

Tony Logan
Deputy Chief
Shelbyville Fire Department



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Shelbyville, In. 46176

To Whom It May Concern:

The company listed above closed for business on or near July 15, 2009. I have been checking this facility over the last several months. On November 9, 2009 I found several barrels located directly behind the main building in a fenced area and partially covered structure. In this area are appx. 150 drums, some labeled (Hazardous) and some not labeled at all. In one area I found 2 skids of barrels that are double stacked and now are leaning and in danger of falling. I notified Deputy Chief Logan and together we made another inspection of the facility on the outside and found 2 doors unlocked and we entered to find several others barrels and totes located throughout the building. Again some were labeled and some were not. We also found a pit that contained some liquid material.

At this time the gas and all water have been turned off to the building. The electricity is still operating and several areas of the building have wires hanging down and are a hazard.

I have been told that when this company closed it has been placed in receivership by an unknown court. Listed below are the contacts that I have been able to locate.

Brad Viegiver 1-248-767-3146

George Miller with
Miller, Coffey & Tate LLP

8 Penn Center, Suite 950
1628 John F Kennedy Blvd.
Philadelphia, Pa. 19103
215-561-0950 Fax 215-561-0330

Professionally,

Robbie Stonebraker
Fire Inspector
Shelbyville Fire Department

Tony Logan
Deputy Chief
Shelbyville Fire Department

Tony Logan

From: Durno.Mark@epamail.epa.gov [Durno.Mark@epamail.epa.gov] **Sent:** Mon 11/23/2009 9:39 AM
To: Tony Logan
Cc:
Subject: Meridian Automotive - Shelbyville
Attachments:

Chief Logan,

Thanks for taking the time to discuss the Site with us today. Here is an update for you:

EPA has assigned Verneta Simon to be the primary On-Scene Coordinator (OSC) for this Site. Shelly Lam, our new OSC stationed in Indianapolis, will work with Verneta on this case. Verneta's phone number is 312-886-3601. Shelly's number is 317-417-0980.

The OSCs will coordinate an on-Site meeting date/time with you and IDEM for next week. Our objective will be to establish a strategy for rapid actions to secure the site (move containers indoors, stabilize wastes, secure the building and grounds) and to address any other critical issues that could cause a release of hazardous substances (i.e. draining the water lines to avoid pipe breakage and flooding).

In the mean time, EPA is working on contacting the Site owners/operators to secure proper access and will begin the administrative process to determine potentially responsible parties (PRPs) and cleanup approach. Per the National Contingency Plan and CERCLA, EPA will take responsibility for cleanup activities if no PRPs (i.e. site owners, operators, transporters, disposers of waste) are available or willing to do so, and, if State/Local governments don't have the budget or ability to do so. If EPA conducts the cleanup, we will pursue the PRPs for repayment of our response costs.

Feel free to call me if you have any questions.

Thanks,
Mark

Mark Durno
Chief, Emergency Response Section 1
U.S. EPA Region V
Cleveland, Ohio
440-250-1743



MILLER COFFEY TATE LLP

Welcome

Firm Profile

Our Services

Newsletter

Calculators

Resources

Contact Us



Contact Us

If you have any questions, please feel free to contact us. There are four easy ways to contact us. Simply call, email, fax, or write.

Miller Coffey Tate LLP
8 Penn Center, Suite 950
1628 John F. Kennedy Boulevard
Philadelphia, PA, 19103
info@millercoffeytate.com
Phone: 215.561.0950
Fax: 215.561.0330

[View Larger Map](#)

Get Driving Directions To Our Office

Please enter your street address and zip code then click on the "Get Directions" button.

Street Address:

ZIP Code:

City:

Optional

State:

Optional

Robble Stonebraker

From: Tom DeBaun
To: Robble Stonebraker
Cc: Kevin McLeod; Scott Furgeson
Subject: Meridian Automotive
Attachments:

Sent: Wed 8/12/2009 3:11 PM

I have made contact with Brad Viergiver regarding Meridian. He is to be appointed the person in charge of maintenance and care of this site via the Trustee for the property. **His direct contact number is 248 767-3146.**

I informed him of the order to abate the nuisance, the fact that we'd sent certified mail numerous times and that there were issues on site of major concern. He indicated that he'd let me know something as soon as possible.

If I come up with any additional information I will let you know.



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November 23, 2009

Meridian Automotive
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Shelbyville, In. 46176

Today, November 23, 2009 Inspector Stonebraker of the Shelbyville Fire Department spoke to Dave Wirrig of Duke Energy about the electricity in the above listed building. At this time they have not made any decisions concerning turning off the electrical. They are current with the bill until Monday November 30 when the next cycle of billing is due.

A handwritten signature in black ink, appearing to read "Robbie Stonebraker".

Robbie Stonebraker
Fire Inspector
Shelbyville Fire Department



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November 10, 2009

Indiana American Water
1700 McCall Dr.
Shelbyville, In. 46176
Wade Amos

Wade,

After reviewing the International Fire Code I have found that in fact you may turn the water off to the Fire Suppression System (Sprinklers) at Meridian Automotive building at 501 Northridge Dr. in Shelbyville Ind. due to the fact that the building is vacant and no heat is on to prevent the freezing of said system. I would request that owners be contacted by letter and informed the system will be shut down and that the internal piping system will possibly still freeze and burst and cause damage to the system and building. I would ask that they drain the internal piping and while the building is vacant we make this a dry system so as in the event of a fire, the Fire Department would still be able to attach to the sprinkler system to aid in the suppression of a fire.

The IFC on vacant buildings is listed in section 311, page 31. If you have any other questions please feel free to contact our office.

Professionally,

A handwritten signature in black ink, appearing to read "Robbie Stonebraker".

Robbie Stonebraker
Fire Inspector
Shelbyville Fire Department

Cc. Chief Todd Anderson
Building Commissioner
Tom Debaun



INDIANA
AMERICAN WATER

November 12, 2009

Mr. George Miller
Miller, Coffey & Tate
8 Penn Center, Suite 950
1628 John F. Kennedy Blvd.
Philadelphia, PA 19103

Re: Disconnection of Service-Meridian Automotive-Shelbyville, Indiana

Dear Mr. Miller,

Indiana American Water provides water service to the former Meridian Automotive facility located at 501 Northridge Dr. in Shelbyville, Indiana. Due to non-payment (see attached FINAL BILL), the domestic service has been disconnected (Meter # 070069232A). Unless the amount due is paid, the fire service will be disconnected on November 18th.

Indiana American Water has communicated with the Shelbyville Fire Department on this issue. The Shelbyville Fire Department is aware the fire service may be disconnected. Indiana American Water and the Shelbyville Fire Department both recommend that the internal plumbing within the facility be drained to negate the risk of pipes freezing and bursting inside the building in the event the fire service is disconnected.

Sincerely,

Wade Amos
Operations Superintendent
Indiana American Water-Shelbyville

18 Digit Parcel Number

| County | Area | Section | Block | Parcel | Split | TaxID |
|--------|------|---------|-------|--------|-------|-------|
| 73 | 07 | 30 | 300 | 001 | 000 | 002 |

Imported Map Number

041-26040-80

MVPTax Information

Owner Name Meridian Automotive

Address 4635 44th St SE Ste C-100

City State Zip GRAND RAPIDS MI 49512

Property Address

City State Zip

Neighborhood 7302060

Legal Acreage 48.9

Deed Book

Deed Page

Legal Description PT NW PT SW & PT SE
30-13-7 48.90 AC

mvpFound Yes

Imported Parcel Number

73-07-30-300-001-000-002

shape18DigitNumber 73-07-30

SHELBYVILLE FIRE DEPARTMENT



40 W. Broadway
Shelbyville, IN 46176
(317) 392-5119
Fax: (317) 392-5121

Deputy Chief Tony Logan
tlogan@cityofshelbyvillein.com

SHELBYVILLE FIRE DEPARTMENT



40 W. Broadway
Shelbyville, IN 46176
(317) 392-5119
Fax: (317) 392-5121
Cell: 317-401-4703

Robbie J. Stonebraker
Fire Inspector
rstonebraker@cityofshelbyvillein.com

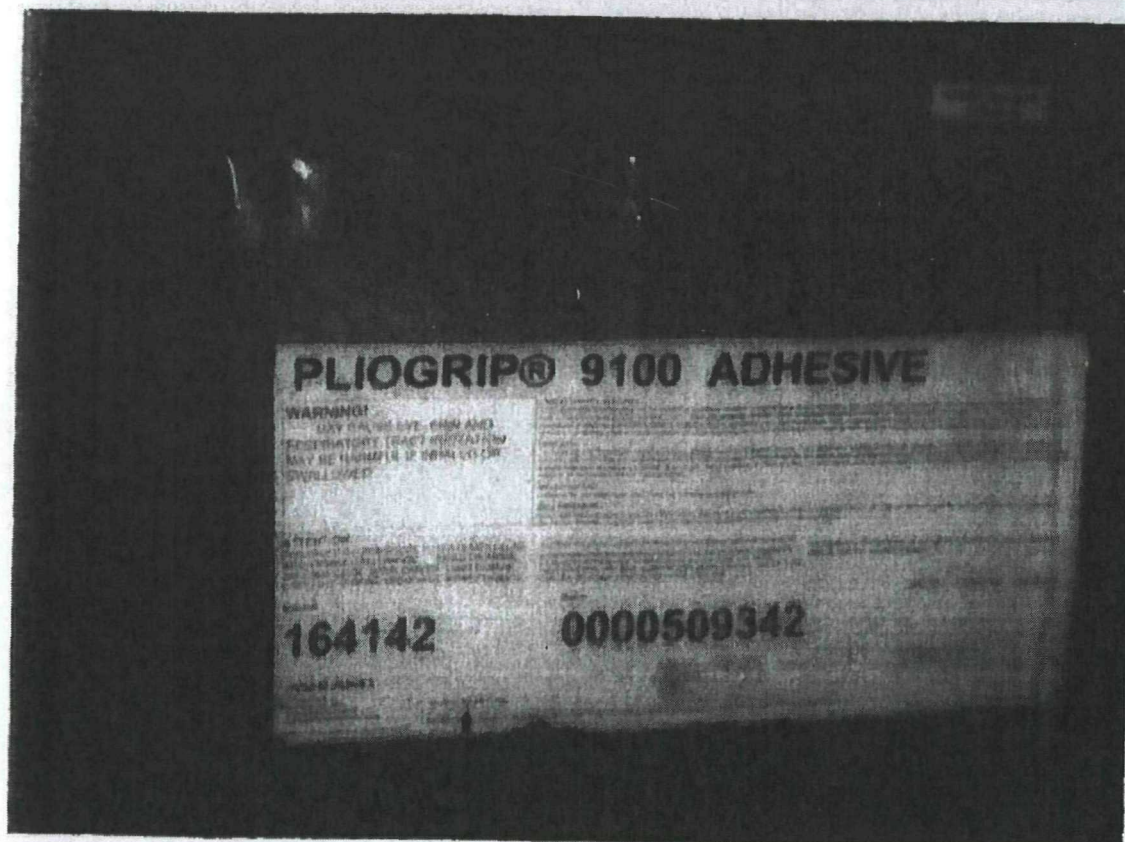
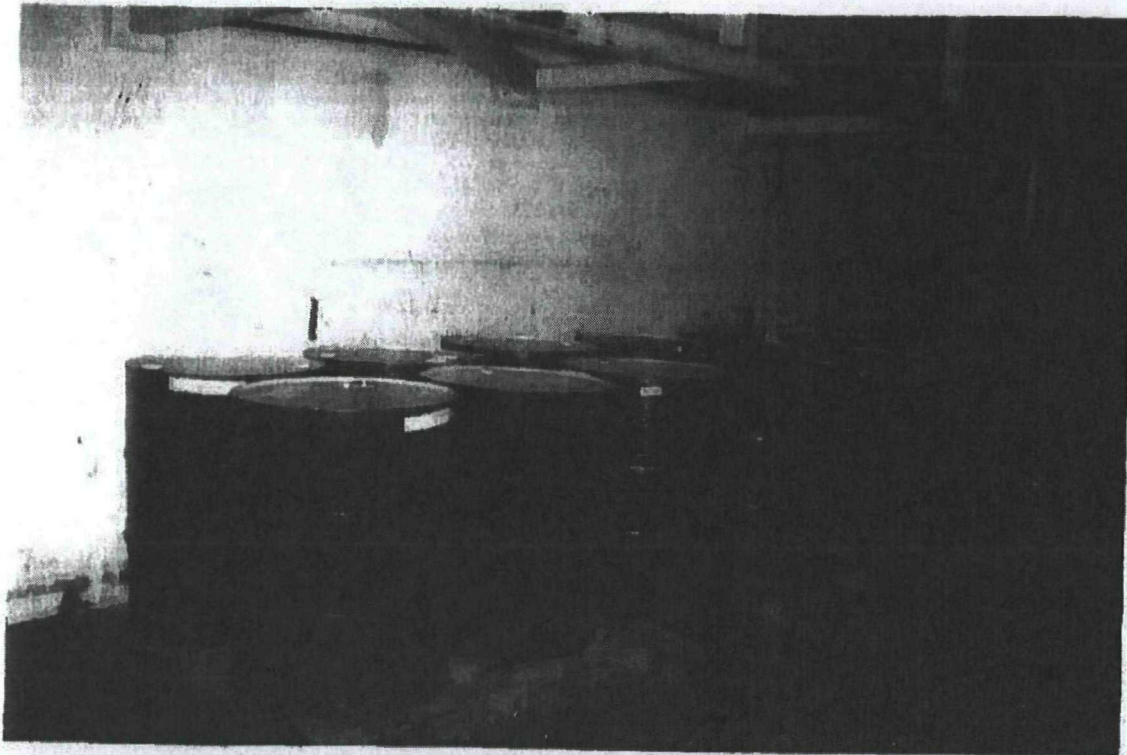


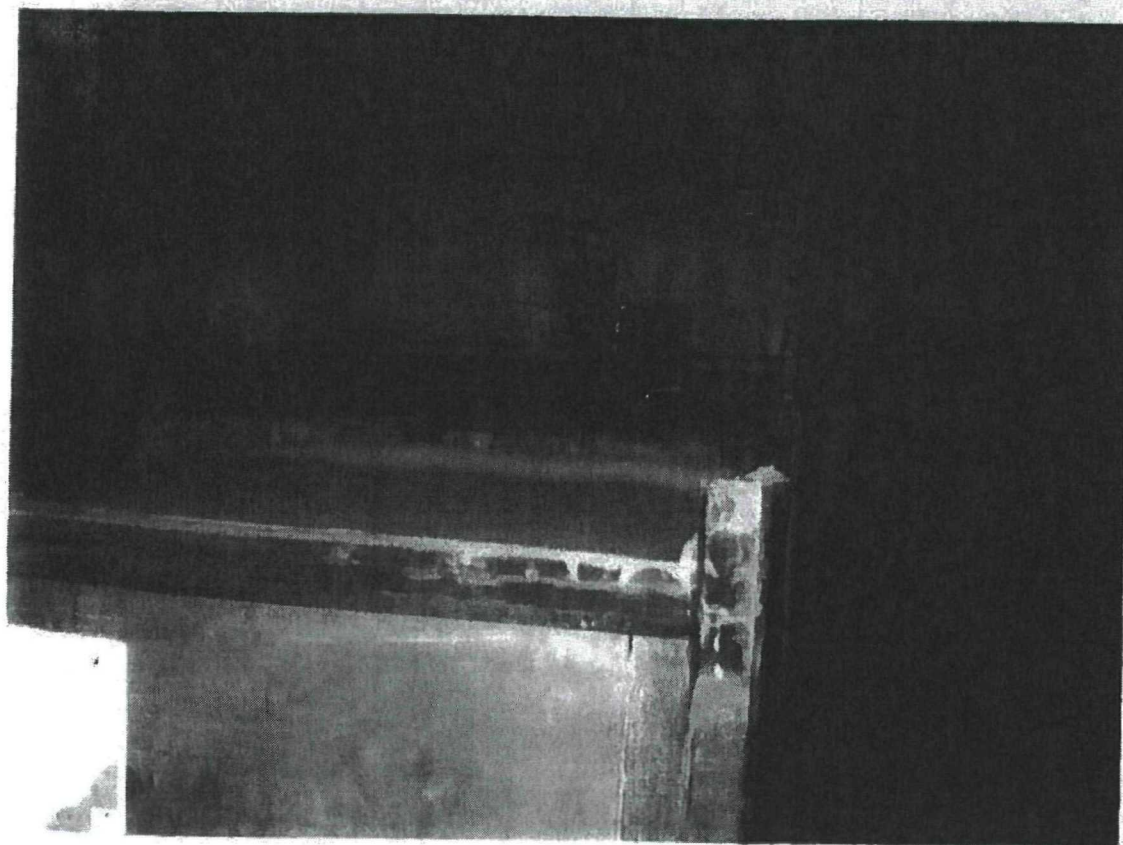
INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT
Emergency Response Section
24 Hr Spill Line: (888) 233-7745

BILL MYERS
On-Scene Coordinator
Shadeland Office

TELEPHONE: (317) 308-3037
TOLL FREE: (800) 451-6027
FAX: (317) 308-3063
E-MAIL: wmyers@idem.IN.gov

100 NORTH SENATE AVENUE
MC 66-20-2 SHADELAND
INDIANAPOLIS, IN 46204-2251
www.idem.gov





ACTION
A COMMITMENT TO THE ENVIRONMENT

ACTA SOLV MF
LOW FOAMING BIODEGRADABLE CLEANER

DESCRIPTION-USES

DIRECTIONS

CHET CA. 6/19/90 (1) REP. 10/1/90
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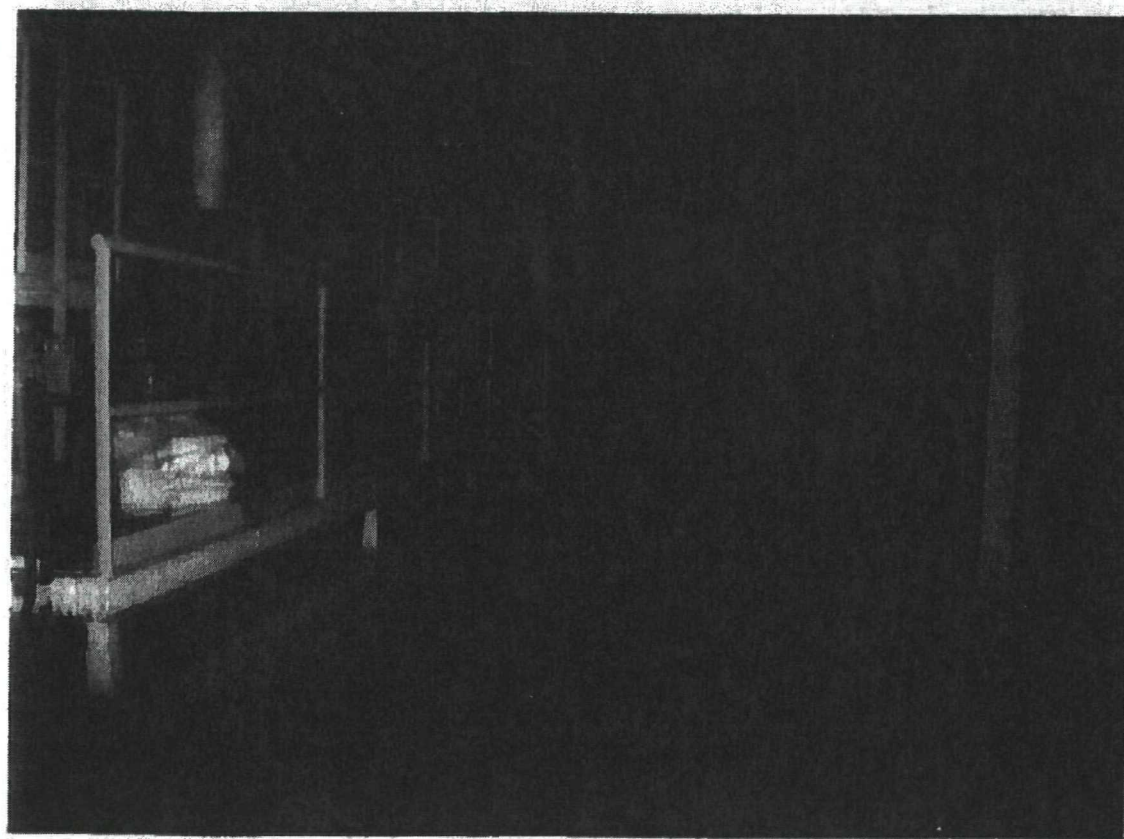
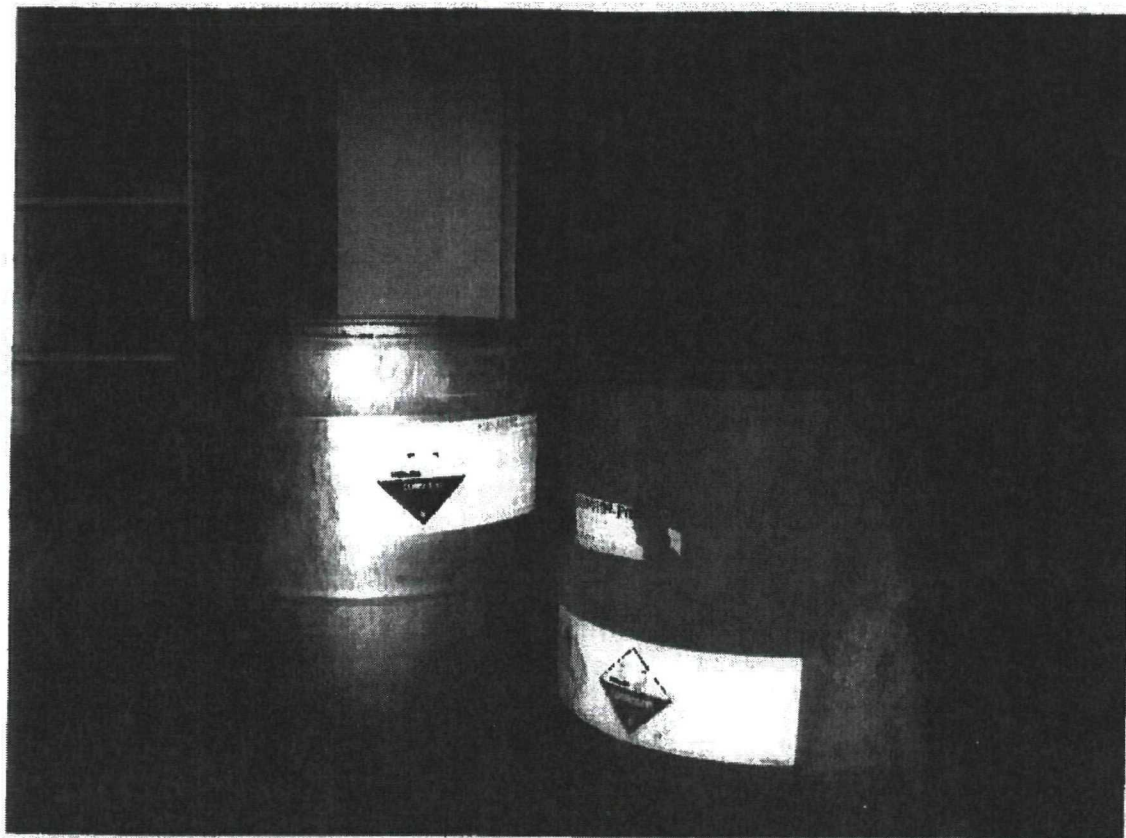
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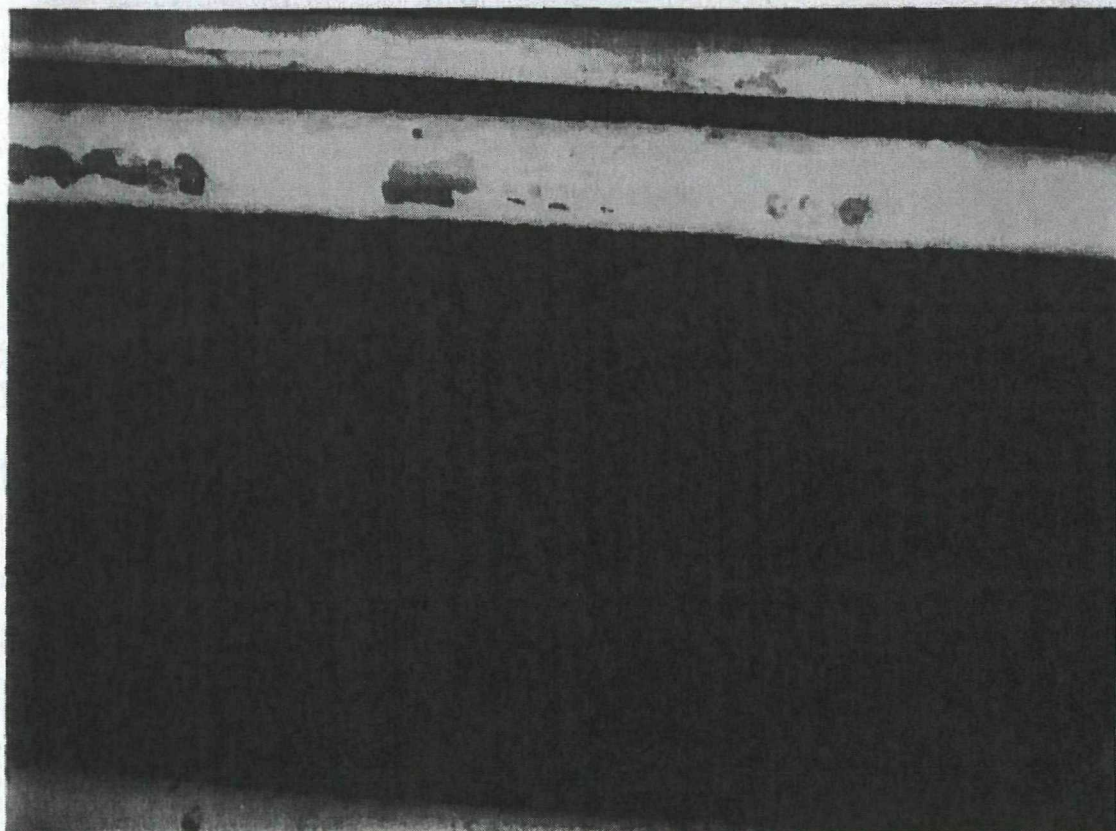
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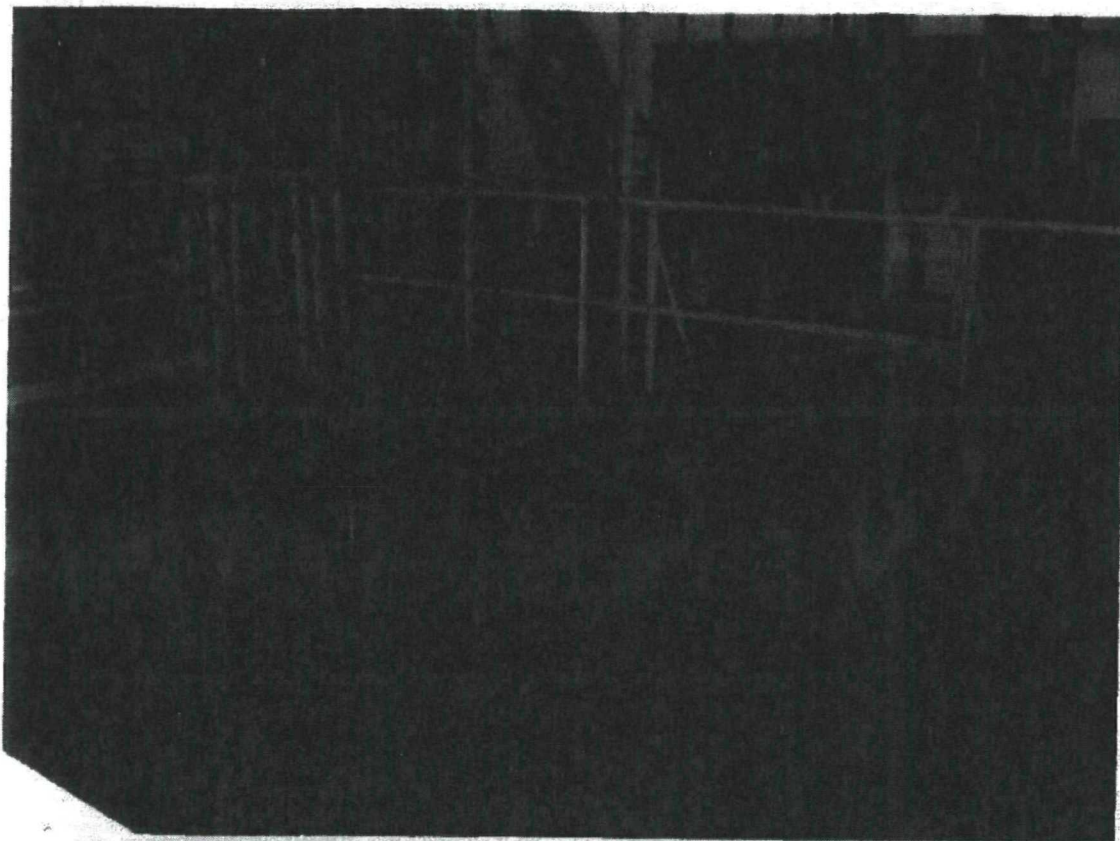
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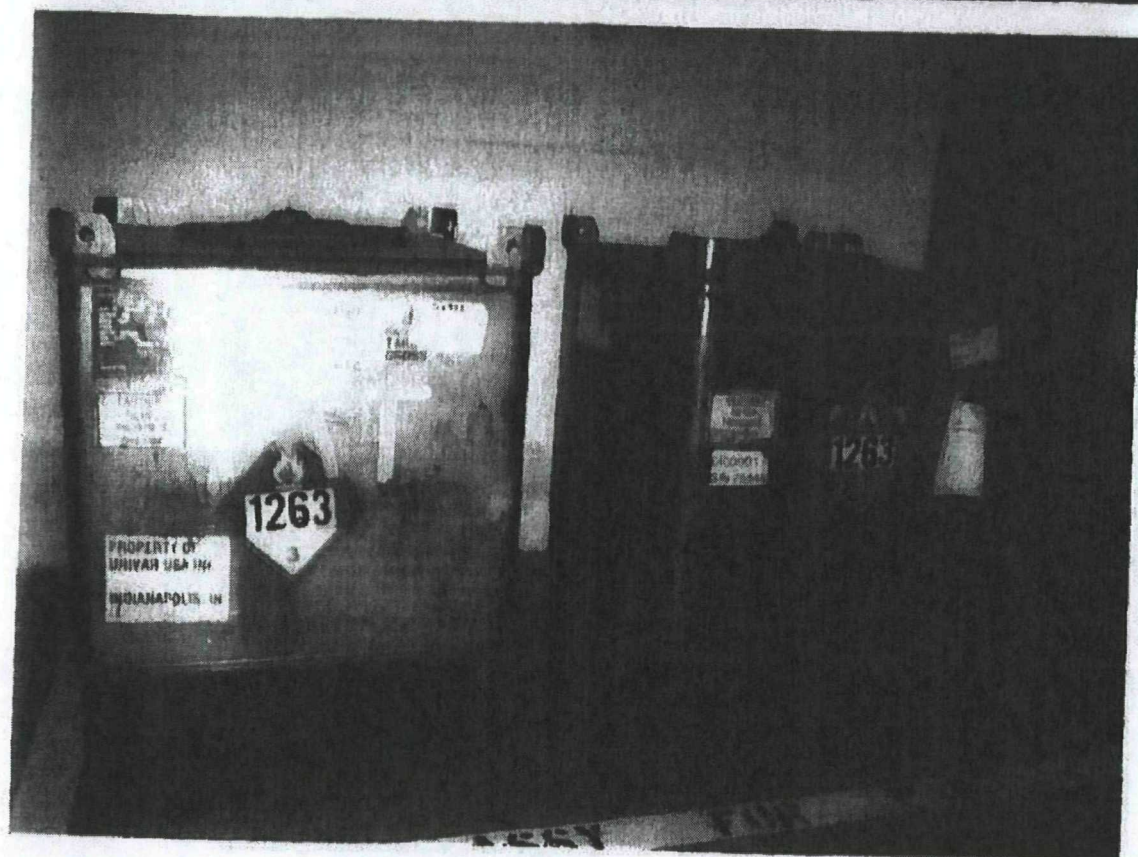
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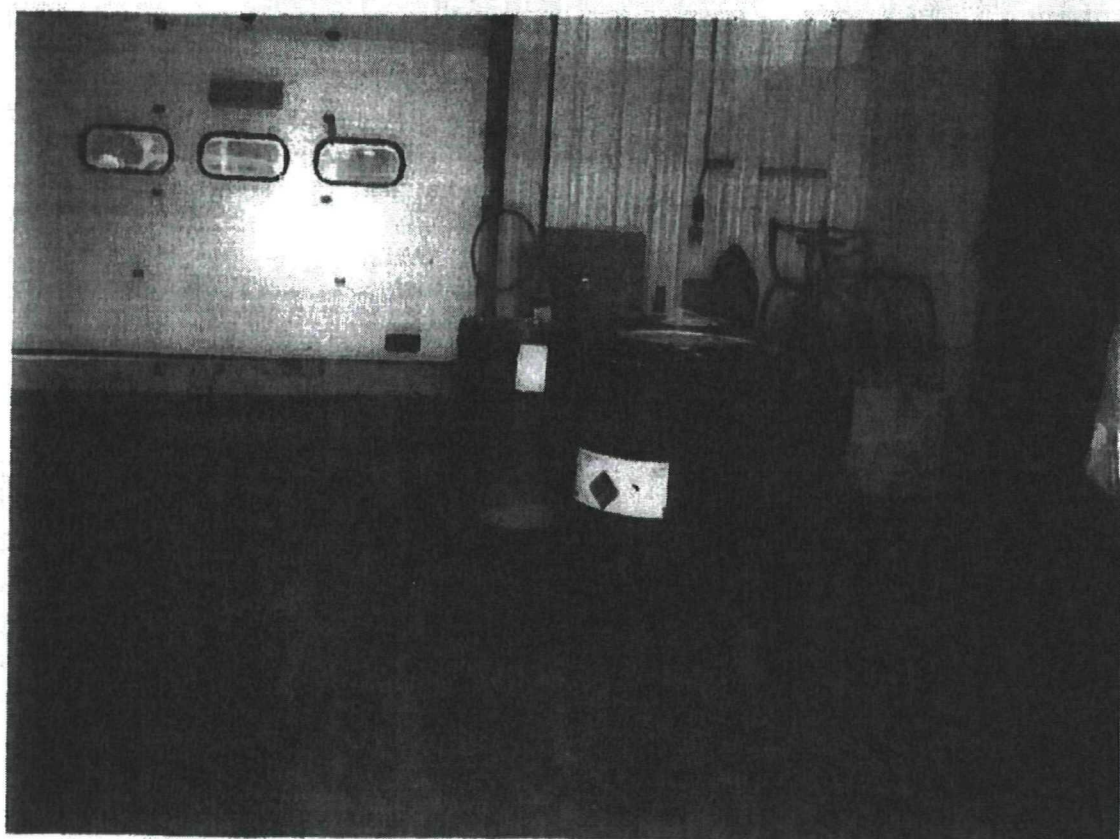
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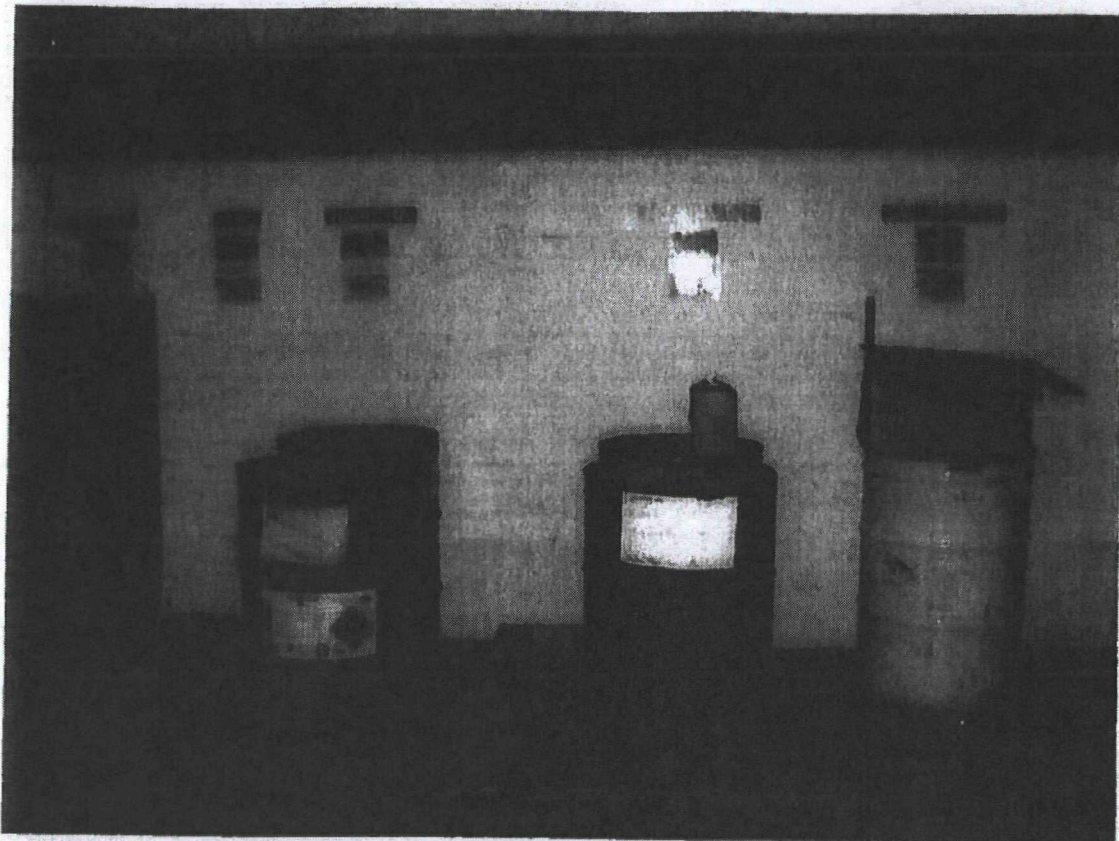


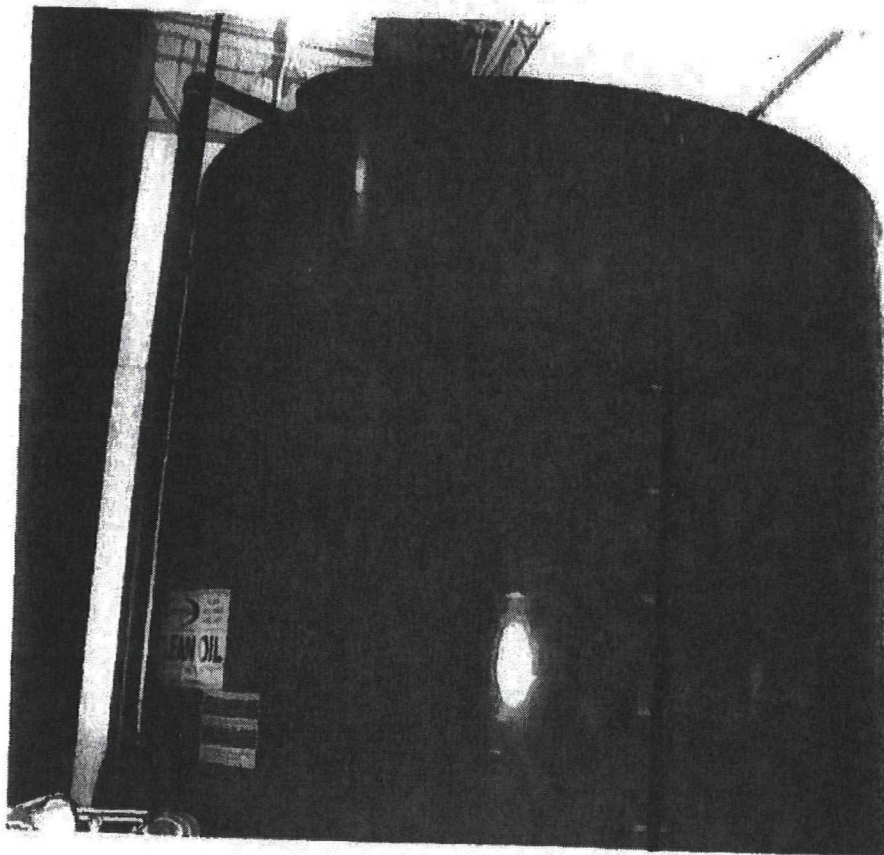
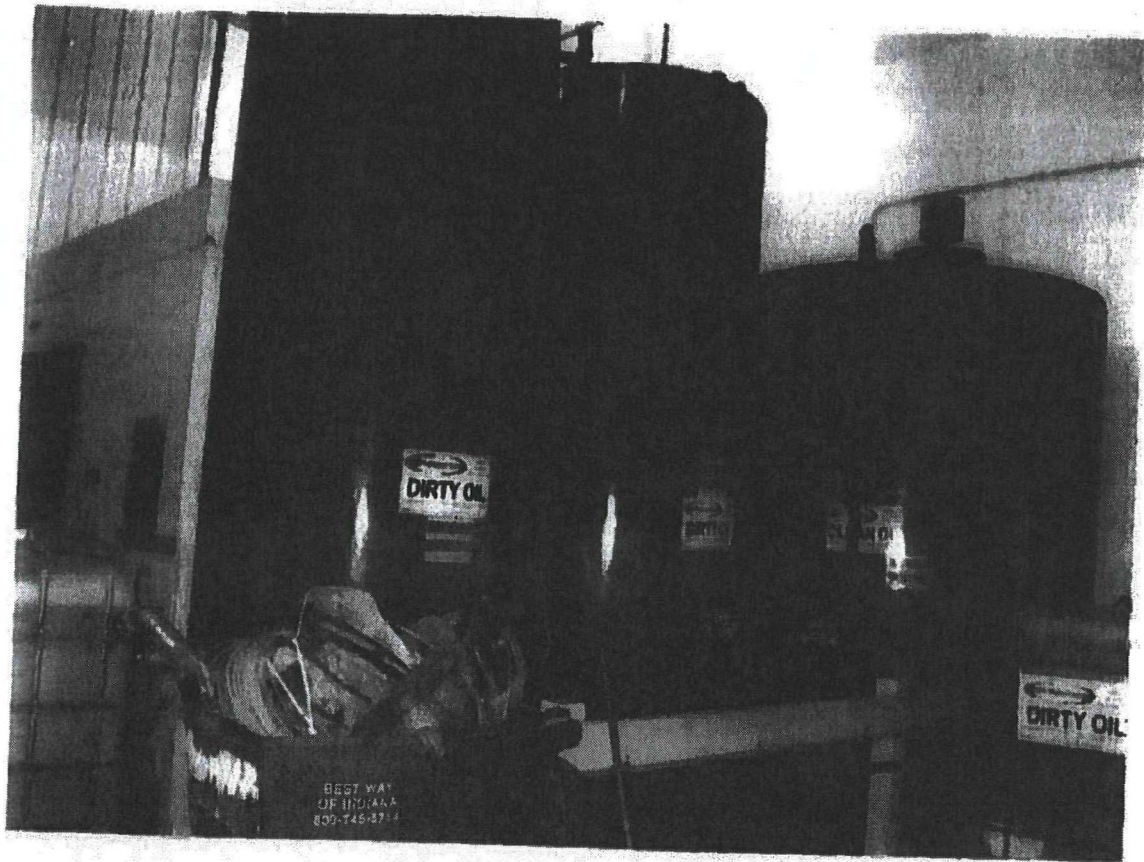


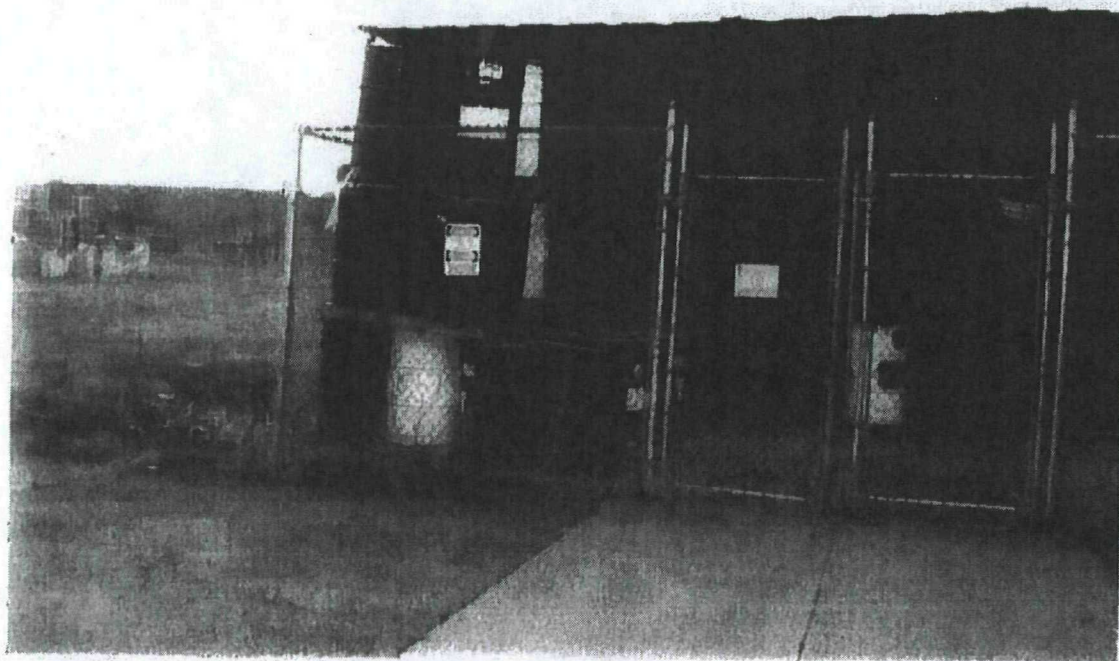
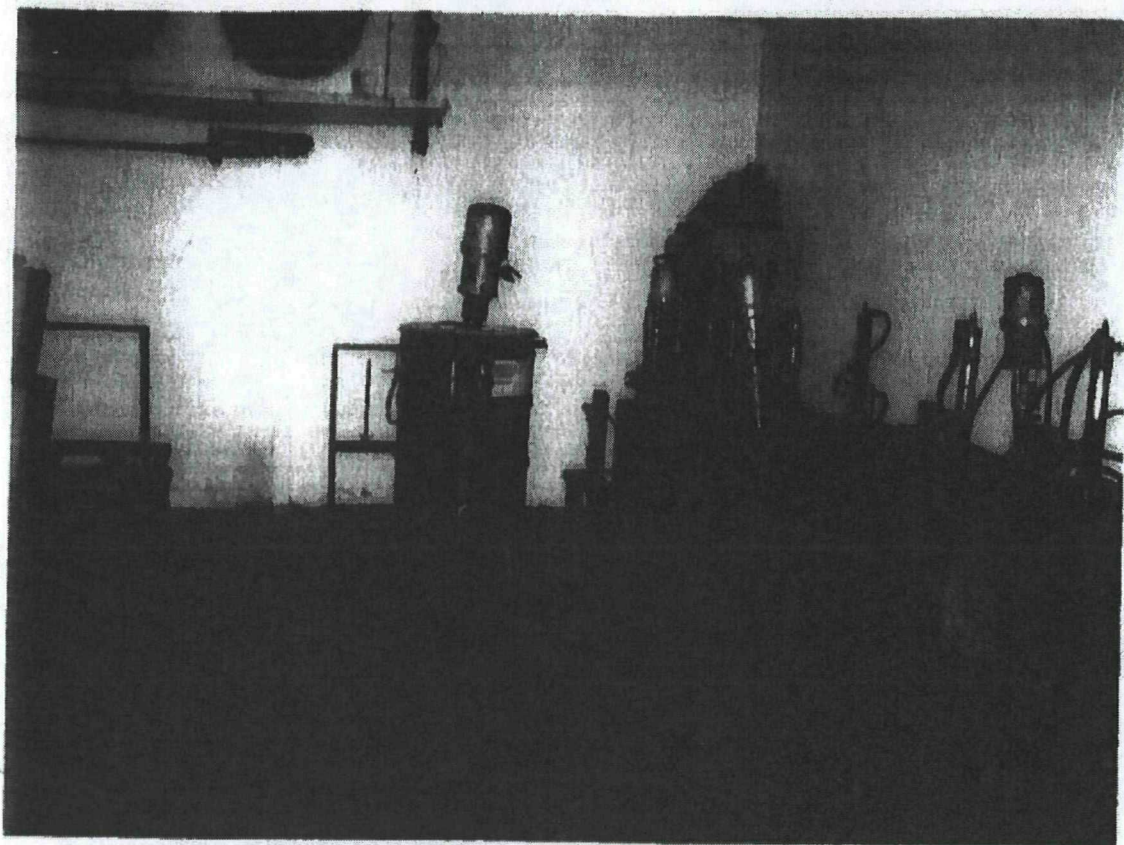


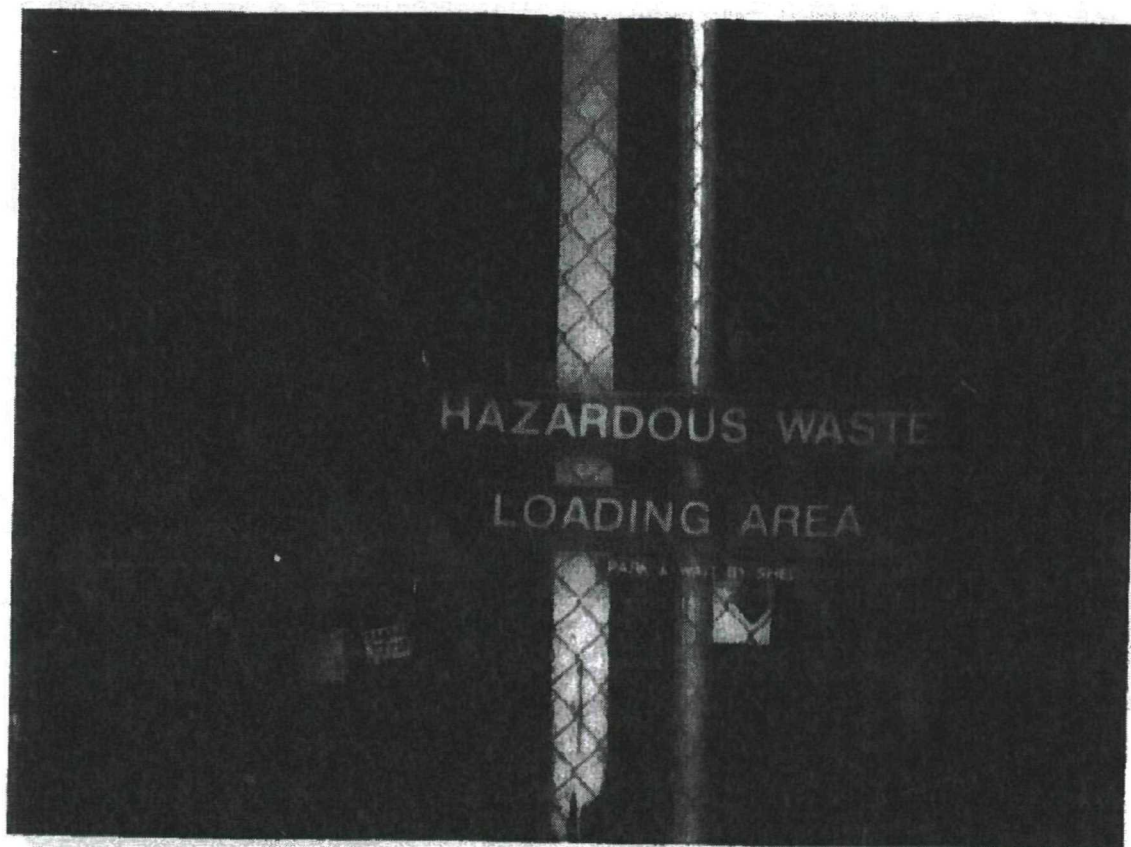




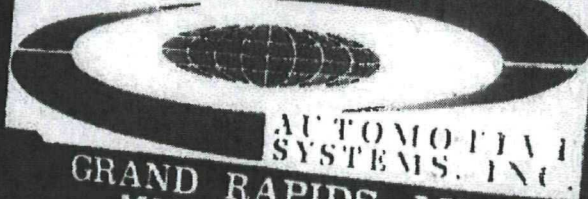








MERIDIAN



**AUTOMOTIVE
SYSTEMS, INC.**

GRAND RAPIDS, MI

KYU 119330

TNHF 119124

USDOT 177267



CITY OF SHELBYVILLE FIRE DEPARTMENT

40 W. Broadway St., Shelbyville, IN 46176
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November 23, 2009

Meridian Automotive
501 Northridge Dr.
Shelbyville, In. 46176

Today, November 23, 2009 Inspector Stonebraker of the Shelbyville Fire Department spoke to Dave Wirrig of Duke Energy about the electricity in the above listed building. At this time they have not made any decisions concerning turning off the electrical. They are current with the bill until Monday November 30 when the next cycle of billing is due.

Today November 24, 2009 Inspector Stonebraker met with Royce Deckard II of Koorsen Fire & Security to inspect the sprinkler system. He did open all drain valves so no damage will occur in the mild days ahead. He will have quote available by middle of next week to drain sprinkler system. We also shut down the jockey pump and turned the main valve in the pump room (outside) so water would not refill the hydrant and other systems from the outside water source.

Inspector Stonebraker met with Amy Skillman the MS4 for the city of Shelbyville and she provided a map with some information about pits located inside the facility and what they hook up to that could contaminate sewer system and to a retention area on the southwest side of the property. (See attached)

Robbie Stonebraker
Fire Inspector
Shelbyville Fire Department

MERIDIAN AUTOMOTIVE SYSTEMS THE FACILITY

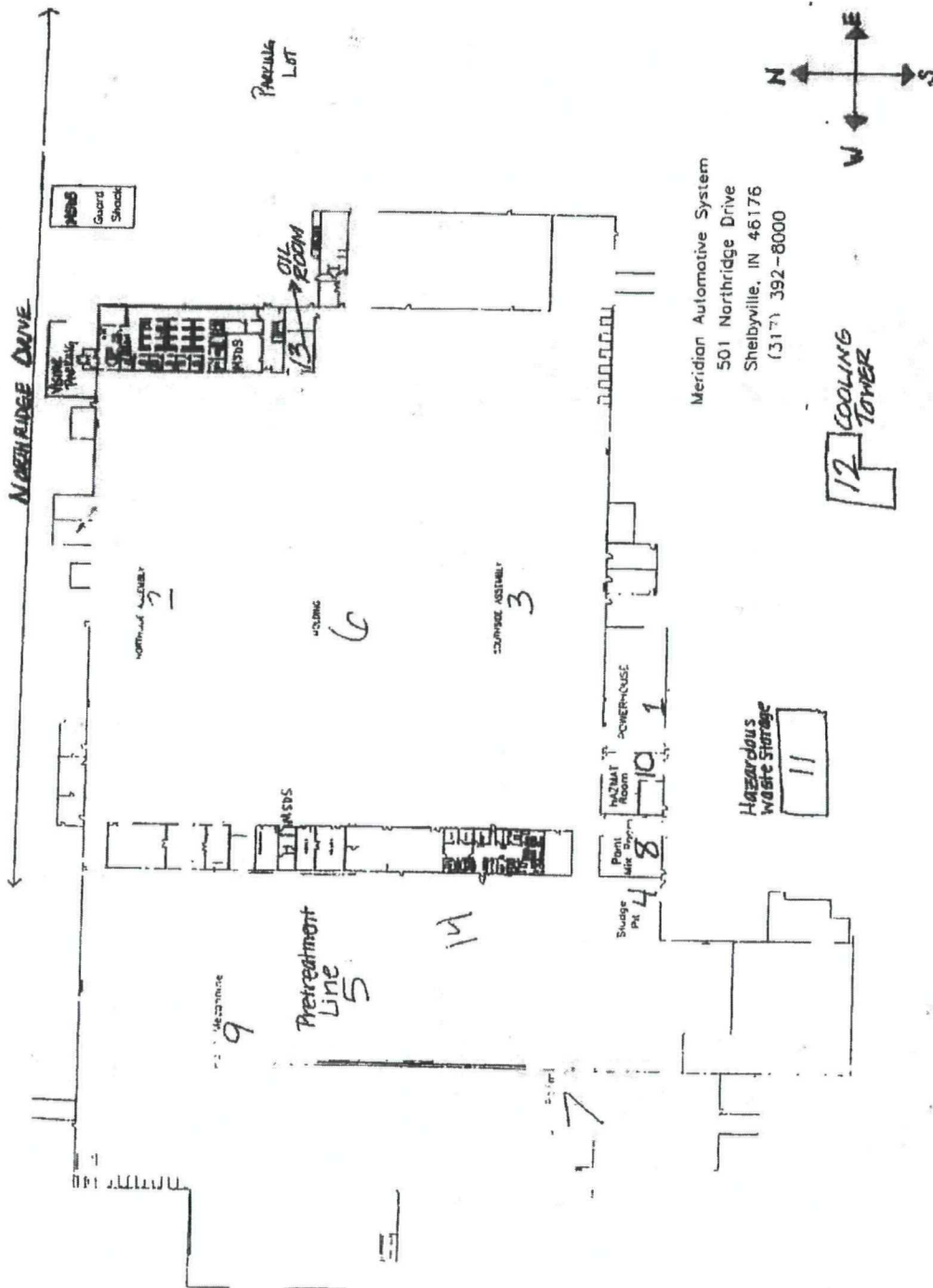
| | |
|---|---|
| Address | 501 NORTH IRIDGE DRIVE SHELBYVILLE, IN 46176 |
| Phone | 317-392-8000 |
| Cross Street | |
| Emergency Coordinator | ANDY SCHEELE → <i>Facility GM</i> PHONE: 317-392-8124 24 HOUR PHONE: 616-780-2687 |
| Back-up FEC | ANTONIO VALASCO → <i>EHS</i> PHONE: 317-392-8124 24 HOUR PHONE: 317-512-5041 |
| Extremely Hazardous Substances | HYDROCHLORIC ACID |
| Hazardous Substances | BUTOXYETHYL ACETATE, MAK, METHYLENE DIPHENYL, MINERAL OIL, SODIUM HYDROXIDE, STYRENE, SULFURIC ACID |
| Emergency Plan Summary | |
| Emergency Personnel On-Site | |
| Worst Case Scenario (Zone of Vulnerability) | PAINT MIX ROOM, HAZ MAT ROOM, HAZ WASTE STORAGE, POWERHOUSE, ASSEMBLY, SLUDGE PIT, OIL STORAGE ROOM, MOLDING FLOOR, COOLING TOWER |
| Communications | |
| Back-up Communications | |
| Notify Employees | |
| Employee Training | |
| Storage of Chemicals | |
| Hydrant | |
| Notes | SEE ATTACHED MAP |

Sunk



2/20/2009

MERIDIAN AUTOMOTIVE



Updated:
2/20/2009

501 Northridge drive
Shelbyville, IN 46176



February 20, 2009

Tom Debaun
Shelby County LEPC
c/o Shelby County EMA
44 W. Washington Street
Shelbyville, IN 46176

Subject: **2008 EPCRA 311 and 312 Reports**
Facility Information Sheet
Meridian Automotive Systems, Inc. - SARA ID 341155

Dear Mr. Debaun

Meridian Automotive Systems – Shelbyville Operations is submitting the Emergency Planning and Community Right to know Act information for the 311, Tier II and facility map. Additionally, an updated facility information sheet is included with this submittal.

If you have any questions regarding this information, please contact Mr. Antonio Velasco, EHS Manager at (317) 392-8053.

Sincerely,

A handwritten signature in cursive script, appearing to read "Andy Scheele".

Andy Scheele
Plant Manager

Cc: IDEM (Electronic submittal)
Shelbyville Fire Department

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**
*Specific
Information
by Chemical*
Facility Identification

Name Meridian Automotive Systems Inc. - Shelbyville Operations

Street 501 Northridge Drive

City Shelbyville County Shelby State IN Zip 46176

SIC Code 3089

Dun & Brad Number

 FOR
OFFICIAL
USE
ONLY

ID #

Date Received

Owner/Operator Name

 Name Meridian Automotive
Systems

Phone (313)336-4182

Mail Address 999 Republic Drive

Allen Park, MI 48101

Emergency Contact

Name Andy Scheele

Title Plant Manager

Phone (317)392-8124

24 Hr. Phone (616)780-2687

Name Antonio Velasco

Title EHS Manager

Phone (317)392-8053

24 Hr. Phone (317)512-5041

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 20 08

☐ Check if information below is identical to the information submitted last year.

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Container Type Pressure Temperature | Storage Codes and Locations (Non-Confidential) Storage Locations | Optional | | | | | | | | | | | | |
|---|--|---|---|--|----------|---|---|---|---|---|---|---|---|---|---|---|--------------------------|
| CAS 112072 Trade Secret _____ Chem. Name 2 - Butoxyethyl Acetate Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____ | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 0 4 No. of Days On-site (days) 3 6 5 | <table border="1"> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> </table> | D | 1 | 4 | D | 1 | 4 | D | 1 | 4 | D | 1 | 4 | Paint Mix Room Map 8 Paint Mezzanine Map 14 Haz Mat Room Map 10 Haz Waste Storage Map 11 | <input type="checkbox"/> |
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| D | 1 | 4 | | | | | | | | | | | | | | | |
| CAS 7647010 Trade Secret _____ Chem. Name Hydrochloric acid Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____ | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 0 4 No. of Days On-site (days) 3 6 5 | <table border="1"> <tr><td>O</td><td>1</td><td>4</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> | O | 1 | 4 | | | | | | | | | | Powerhouse Map 1 | <input type="checkbox"/> |
| O | 1 | 4 | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| CAS 110430 Trade Secret _____ Chem. Name Methyl n-amyl Ketone Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____ | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 0 4 No. of Days On-site (days) 3 6 5 | <table border="1"> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> </table> | N | 1 | 4 | D | 1 | 4 | D | 1 | 4 | D | 1 | 4 | 5-gal pails Map 8 Paint Map 8 & 9 Haz Mat Room Map 10 Haz Waste Storage Map 11 | <input type="checkbox"/> |
| N | 1 | 4 | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | |

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 3, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Andrew Scheele

Name and official title of owner/operator OR owner/operator's authorized representative

Andrew Scheele

Signature

2/23/09

Date signed

Optional Attachments

- ☒ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguards measures

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|--|---|---|--|--|---|-----------------|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|---|--------------------------|
| Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i> | Facility Identification Name <u>Meridian Automotive Systems Inc. – Shelbyville Operations</u> Street <u>501 Northridge Drive</u> City <u>Shelbyville</u> County <u>Shelby</u> State <u>IN</u> Zip <u>46176</u> SIC Code <u>3089</u> Dun & Brad Number _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> FOR OFFICIAL USE ONLY ID # _____ Date Received _____ </div> | | Owner/Operator Name Name <u>Meridian Automotive Systems</u> Phone <u>(313)336-4182</u> Mail Address <u>999 Republic Drive</u> <u>Allen Park, MI 48101</u> Emergency Contact Name <u>Andy Scheele</u> Title <u>Plant Manager</u> Phone <u>(317)392-8124</u> 24 Hr. Phone <u>(616)780-2687</u> Name <u>Antonio Velasco</u> Title <u>EHS Manager</u> Phone <u>(317)392-8053</u> 24 Hr. Phone <u>(317)512-5041</u> | | | | | | | | | | | | | | | | | | | | |
| | Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 20 <u>08</u> <input type="checkbox"/> Check if information below is identical to the information submitted last year. | | | | | | | | | | | | | | | | | | | | | | |
| | Chemical Description | Physical and Health Hazards <i>(check all that apply)</i> | Inventory | Container Type Pressure Temperature | Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i> | Optional | | | | | | | | | | | | | | | | | |
| CAS <u>101688</u> Trade Secret _____ Chem. Name <u>Methylene Diphenyl</u> Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____ | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>0</u> <u>3</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>O</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> | D | 1 | 4 | O | 1 | 4 | D | 1 | 4 | D | 1 | 4 | | | | | | | <u>Assembly Area Map 2</u> <u>Sludge Pit Area Map 2</u> <u>Haz Mat Room Map 10</u> <u>Haz Waste Storage Map 11</u> | <input type="checkbox"/> |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | | |
| O | 1 | 4 | | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | | |
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| CAS <u>8012951</u> Trade Secret _____ Chem. Name <u>Mineral Oil</u> Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____ | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>1</td><td>4</td></tr> <tr><td>O</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> | C | 1 | 4 | O | 1 | 4 | D | 1 | 4 | | | | | | | | | | <u>Haz Mat Room Map 10</u> <u>Oil room Map 13</u> <u>Various areas of the plant</u> | <input type="checkbox"/> |
| C | 1 | 4 | | | | | | | | | | | | | | | | | | | | | |
| O | 1 | 4 | | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | | |
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| CAS <u>1310732</u> Trade Secret _____ Chem. Name <u>Sodium Hydroxide</u> Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____ | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>O</td><td>1</td><td>4</td></tr> <tr><td>E</td><td>1</td><td>4</td></tr> <tr><td>C</td><td>1</td><td>5</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> | O | 1 | 4 | E | 1 | 4 | C | 1 | 5 | | | | | | | | | | <u>Powerhouse Map 1</u> <u>Pretreatment Line Map 5</u> <u>Pretreatment Line Map 5</u> | <input type="checkbox"/> |
| O | 1 | 4 | | | | | | | | | | | | | | | | | | | | | |
| E | 1 | 4 | | | | | | | | | | | | | | | | | | | | | |
| C | 1 | 5 | | | | | | | | | | | | | | | | | | | | | |
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| Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>3</u> , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. <u>Andrew Scheele</u> <u>Andrew J. Schuh</u> <u>2/23/09</u> Name and official title of owner/operator OR owner/operator's authorized representative Signature Date signed | | | | | Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguards measures | | | | | | | | | | | | | | | | | | |

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|--|--|--|--|--|-----------------|--|---|--|---|---|---|---|---|---|---|---|--|--|--|--|--|-----------------------------|---|--------------------------|
| Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i> | Facility Identification Name <u>Meridian Automotive Systems Inc. – Shelbyville Operations</u> Street <u>501 Northridge Drive</u> City <u>Shelbyville</u> County <u>Shelby</u> State <u>IN</u> Zip <u>46176</u> SIC Code <u>3089</u> Dun & Brad Number _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>FOR OFFICIAL USE ONLY</div> <div>ID # _____ Date Received _____</div> </div> | | | Owner/Operator Name Name <u>Meridian Automotive Systems</u> Phone <u>(313)336-4182</u> Mail Address <u>999 Republic Drive</u> <u>Allen Park, Mi 48101</u> Emergency Contact Name <u>Andy Scheele</u> Title <u>Plant Manager</u> Phone <u>(317)392-8124</u> 24 Hr. Phone <u>(616)780-2687</u> Name <u>Antonio Velasco</u> Title <u>EHS Manager</u> Phone <u>(317)392-8053</u> 24 Hr. Phone <u>(317)512-5041</u> | | | | | | | | | | | | | | | | | | | | |
| | Important: Read all instructions before completing form | | | | | Reporting Period From January 1 to December 31, 20 <u>08</u> | | <input type="checkbox"/> Check if information below is identical to the information submitted last year. | | | | | | | | | | | | | | | | |
| | Chemical Description | Physical and Health Hazards <i>(check all that apply)</i> | Inventory | Container Type | Pressure | Temperature | Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i> | Optional | | | | | | | | | | | | | | | | |
| | CAS <u>100425</u> Trade Secret _____ Chem. Name <u>Styrene</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____ | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <u>0</u> <u>5</u> Avg. Daily Amount (code) <u>0</u> <u>5</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> | K | 1 | 4 | K | 1 | 4 | D | 1 | 4 | D | 1 | 4 | | | | | | | <u>Molding Map 6</u> <u>Cool Room Map 7</u> <u>Haz Mat Room Map 10</u> <u>Haz Waste Storage Map 11</u> | |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | |
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| CAS <u>7664939</u> Trade Secret _____ Chem. Name <u>Sulfuric acid</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name _____ | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <u>0</u> <u>3</u> Avg. Daily Amount (code) <u>0</u> <u>3</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>E</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> | E | 1 | 4 | | | | | | | | | | | | | | | | <u>Cooling tower Map 12</u> | | <input type="checkbox"/> |
| E | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | |
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| CAS _____ Trade Secret _____ Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____ | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> |
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| Name and official title of owner/operator OR owner/operator's authorized representative: <u>Andrew Scheele</u> | | | | | | | Signature: <u>Andrew J. Scheele</u> Date signed: <u>2/23/09</u> | | | | | | | | | | | | | | | | | |

**311 REPORTING**

State Form 52017 (R/1-07)

Indiana Department of Environmental Management
Indiana Emergency Response Commission

Read instruction found after this form before completing this form

Page 1 of 1

| Name of facility: <u>Meridian Automotive Systems</u> | | Facility ID # <u>IND984867267</u> | Date: (month, day, year) <u>02-20-2009</u> |
|---|---|---|---|
| Street Address (no P.O. boxes, please): <u>501 Northridge drive</u> | | | |
| City: <u>Shelbyville</u> | | County: <u>Shelby</u> | ZIP code: <u>46176</u> |
| Email: <u>TVelasco @ meridianautosystems.com</u> | | Please list the components (that require reporting) of mixtures as separate chemicals. Make additional copies of this form as needed in order to list all chemicals necessary. | |
| Chemical Name | Type of chemical | Physical and Health Hazards | |
| <u>Hydrochloric Acid</u> CAS # <u>7647010</u> | <input checked="" type="checkbox"/> EHS <input checked="" type="checkbox"/> CERCLA <input type="checkbox"/> OTHER | Check all that apply <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | |
| <u>2-Butoxyethyl Acetate</u> CAS # <u>112072</u> | <input type="checkbox"/> EHS <input checked="" type="checkbox"/> CERCLA <input type="checkbox"/> OTHER | Check all that apply <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | |
| <u>Methyl n-amyl Ketone</u> CAS # <u>110430</u> | <input type="checkbox"/> EHS <input type="checkbox"/> CERCLA <input checked="" type="checkbox"/> OTHER | Check all that apply <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | |
| <u>Mineral Oil</u> CAS # <u>8012951</u> | <input type="checkbox"/> EHS <input type="checkbox"/> CERCLA <input checked="" type="checkbox"/> OTHER | Check all that apply <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | |
| CAS # | <input type="checkbox"/> EHS <input type="checkbox"/> CERCLA <input type="checkbox"/> OTHER | Check all that apply <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | |
| CAS # | <input type="checkbox"/> EHS <input type="checkbox"/> CERCLA <input type="checkbox"/> OTHER | Check all that apply <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | |

FACILITY INFORMATION SHEET

1 Facility ID Number IND984867267 Date 2/20/2009

2 Facility Name Meridian Automotive Systems, Inc.
Street Address 501 Northridge Drive
City Shelbyville County Shelby Zip 46176
Email tvelasco@meridianautosystems.com

3 Is facility subject to SARA Title III No (Proceed to 4) ☒ Yes If yes, provide all of the following:

Contact Name Antonio Velasco Phone 317-392-8053
Address 501 Northridge Drive
City Shelbyville County Shelby Zip 46176
Email tvelasco@meridianautosystems.com Latitude 39.5458 Longitude -85.7908

Provide the name and business of the person filing this form if different from contact person.

Name _____ Phone _____

Circle what best describes this facility.

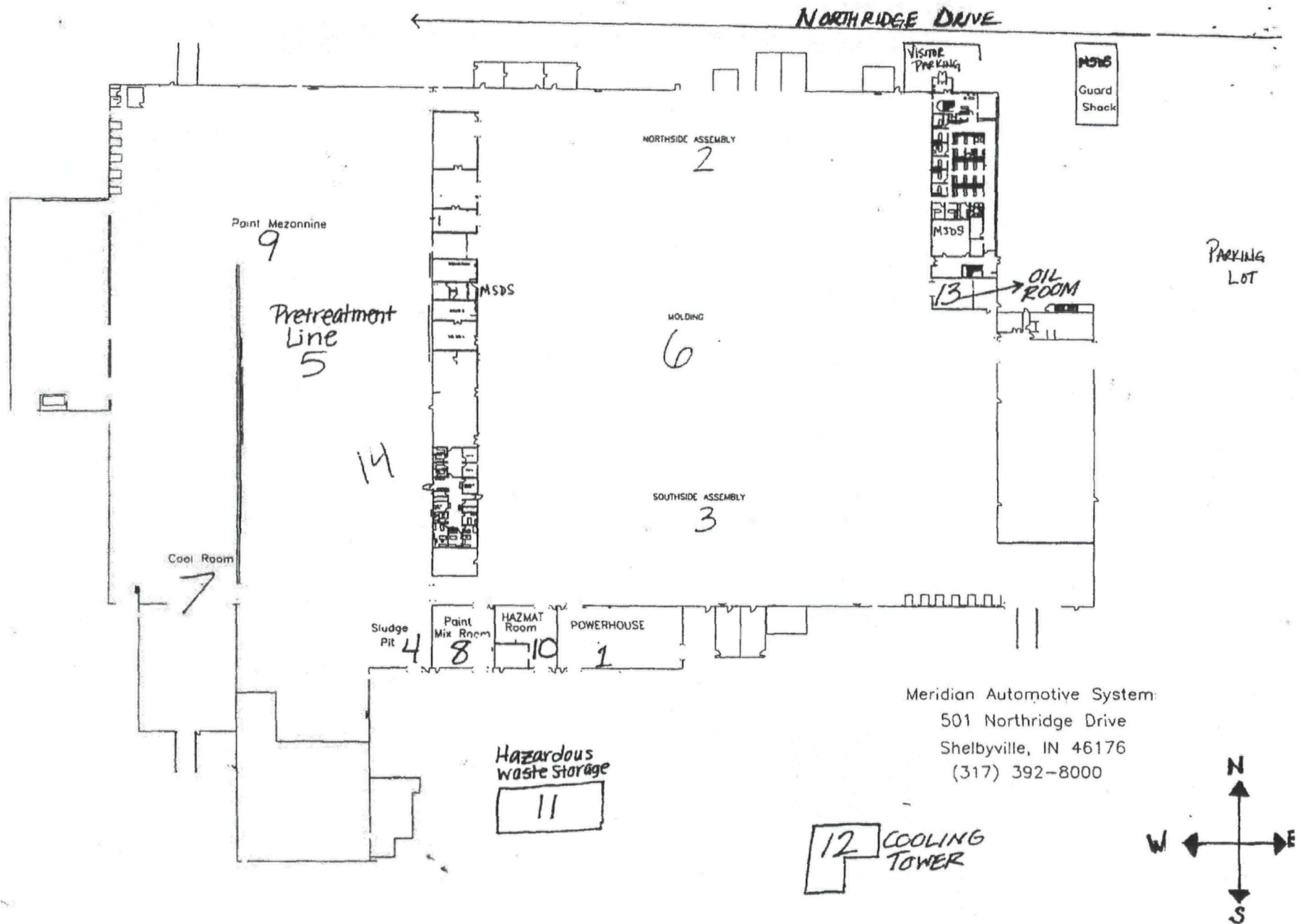
- I Private Industrial
- A Private Agricultural (family farm)
- L Local Government (municipal)
- S State Government
- F Federal Government

| | | | |
|--------------------------------------|-----|-------------------------------------|---------------------------------|
| Is this a new name for the facility? | YES | <input checked="" type="radio"/> NO | If YES, what was previous name? |
| Is this a new owner? | YES | <input checked="" type="radio"/> NO | If YES, what was previous name? |
| Is this a new address? | YES | <input checked="" type="radio"/> NO | If YES, what was previous name? |
| Reason(s) for address change _____ | | | |

4 What is the facility's fee category, based on your current inventory (circle one)?

A B C E
If the facility is exempt, please provide reasons for exemption. Below Threshold _____ Other _____

If other provide additional comments: _____



Meridian Automotive System
501 Northridge Drive
Shelbyville, IN 46176
(317) 392-8000

Updated: